



## Missouri Pharmacy Program – Preferred Drug List



### Skeletal Muscle Relaxants

*Effective 12/24/2008*

*Revised 04/02/2015*

#### Preferred Agents

(Available with clinical edits)

- Baclofen
- Chlorzoxazone
- Cyclobenzaprine
- Methocarbamol
- Tizanidine Tabs
- Orphenadrine
- Orphenadrine Compound
- **Orphenadrine ER**
- **Metaxalone**

#### Non-Preferred Agents

(Available with clinical edits)

- Soma®
- Soma® Compound
- Zanaflex® Tabs/Caps
- Flexeril®
- Robaxin®
- Dantrium®
- Paraon Forte DSC®
- Fexmid®
- Amrix®
- Norflex®
- Tizanidine Caps
- Lioresal®
- Carisoprodol
- Carisoprodol Compound
- Dantrolene®
- Lorzone®
- Cyclobenzaprine ER
- **Skelaxin®**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Duration of therapy limit – Agents for musculoskeletal conditions <ul style="list-style-type: none"><li>• 2 courses of therapy – 6 weeks maximum for each course annually</li><li>• Agents for muscle spasticity exempt from therapy duration limitation<ul style="list-style-type: none"><li>○ Baclofen</li><li>○ Tizanidine</li><li>○ Metaxalone</li><li>○ Dantrium</li><li>○ Dantrolene</li><li>○ Methocarbamol</li></ul></li></ul>	Therapy will be denied if no approval criteria are met

<p>Failure to achieve desired therapeutic outcomes with trial on 5 or more preferred agents</p> <ul style="list-style-type: none"> <li>• Documented trial period for preferred agents</li> <li>• Documented ADE/ADR to preferred agents</li> </ul>	<p>Lack of adequate trial on required preferred agents</p>
<p>Documented compliance on current therapy regimen</p>	<p>Drug Prior Authorization Hotline: (800) 392-8030</p>